



The International Journal of Ethical Leadership

Volume 1

Article 8

2012

2010 Inamori Ethics Prize Speech: Remote Area Medical (RAM): How an American Charity Grew from Roots in the Amazon

Stan Brock

Follow this and additional works at: <https://scholarlycommons.law.case.edu/ijel>



Part of the [Applied Ethics Commons](#), [Business Law, Public Responsibility, and Ethics Commons](#), [Leadership Studies Commons](#), and the [Legal Ethics and Professional Responsibility Commons](#)

Recommended Citation

Brock, Stan (2012) "2010 Inamori Ethics Prize Speech: Remote Area Medical (RAM): How an American Charity Grew from Roots in the Amazon," *The International Journal of Ethical Leadership*: Vol. 1 , Article 8. Available at: <https://scholarlycommons.law.case.edu/ijel/vol1/iss1/8>

This Speech is brought to you for free and open access by the Cross Disciplinary Publications at Case Western Reserve University School of Law Scholarly Commons. It has been accepted for inclusion in The International Journal of Ethical Leadership by an authorized administrator of Case Western Reserve University School of Law Scholarly Commons.

Remote Area Medical (RAM)

How an American Charity Grew from Roots in the Amazon

Stan Brock

Transcript of the 2010 Inamori Ethics Prize Speech

Thank you very, very much for that very warm introduction and the somewhat exaggerated remarks that preceded it about my background. What a beautiful building this is. It reminds me of my childhood in England; those Saturday morning matinees at those beautiful ornate theatres that were so common in those days. It is wonderful that Cleveland has been able to preserve this wonderful facility for posterity.

Many, many years ago, actually something like sixty years ago I suppose now, my father had a temporary assignment in a little enclave of the British Empire called British Guyana in South America. He and my mother had left me in England at school and then along came a summer holiday. The British government gave me a ticket on a boat, the *SS Columbia*, I believe, and three weeks later I docked at the port of Georgetown in Guyana, but during that rather lengthy ocean voyage, I had heard stories about the Brazil border, a place called the Rupununi, at the headwaters of the Amazon, an area inhabited by numerous Indian tribes like the Wapishana and the Wai-Wai, the Macushi, and an area that was also filled with all kinds of exciting wild animals that I only read about as a young boy: jaguars and pumas, and giant snakes, the Anaconda, but it was also a place that was inhabited by tens of thousands of wild longhorn cattle and thousands of wild horses. These were all remnants of those animals that had been left there by the Spanish conquistadors back in the seventeenth, sixteenth century ... and so I wasn't even in Georgetown just a couple of weeks before I found a way that I could go to that fabulous place called the Rupununi, and the thought of going back to England to school was something unfortunately that I did not want to do. I am a very strong proponent of the educational system and so I am not suggesting that any of you young folks run off to the wilds of the Amazon, but be that as it may, that is where I found myself as a young boy in an area where all the cowboys were Indians. Except me.

They gave me a horse called Butterball. I named him Butterball. He had another name, but none of the cowboys wanted Butterball, because Butter-

ball was an old horse and had been put out to pasture. We were all barefoot cowboys, by the way; you had to make your own saddle. You had to make your own lasso. Nobody had any shoes, so we were all barefoot cowboys. We actually made our own spurs by heating a piece of old iron on the fire and fabricating them into spurs that we strapped to our bare feet. So they gave me this horse I named Butterball and Butterball taught me a lot about being a cowboy. I had never even been on the back of a horse, you see, before I met Butterball, but after I had been there about less than a year and I had learned the language of the Wapishana and I had learned something about this cowboy business, how to stay on a horse, and throwing a lasso and so on, then they decided to give me another horse, a horse called Kang. Now Kang was a Wapishana name that meant “the devil.” And Kang had already killed two other cowboys and so we lassoed Kang one morning in the dusty corral and had two lassoes on him because he liked to chase people like a wild bull. We tethered him up to a tree and blindfolded him; blindfolded me, actually, and we put on the old saddle there. I climbed on board, somebody cut him loose, and I pulled off the blindfold and Kang went bucking across the Savannah. I was holding on for dear life and Kang had a head-on collision with the side of the corral, and I was lying underneath Kang, very badly injured, and the cowboys pulled me out from underneath and said in Wapishana, “Well, the nearest doctor is twenty-six days on foot from here.” That is when I had the inspiration to form Remote Area Medical and bring those doctors a little bit closer.

Several months ago I had the pleasure to have breakfast in Tucson, Arizona, where we were holding one of our events, with the sixth man to walk on the moon, astronaut Ed Mitchell, and he asked me the same question: Why did you decide to form Remote Area Medical and I told him the Kang story and the fact that we were twenty-six days on foot from the nearest doctor and he said, “Wow, I was on the moon and I was only three days from the nearest doctor.” But you know what? Those people today that live in these remote parts of the world and people that live many places here in the United States, as we have discovered, they might as well be on the moon, for any opportunity they have, to be able to receive the care that they need, either because it is not accessible to them or, as in this country, because it is unaffordable.

So, that was the situation sixty years ago down there in that area of the headwaters of the Amazon River. And so, I was always, after that accident, which I have recovered from somewhat, but I was always trying to find a way

that we could bring doctors a little bit closer, because you see, those people, they had no resistance to things like the measles. We would have an outbreak of measles come through there, and many people would die. But when you are twenty-six days from the nearest doctor, what do you do about it? Years later, someone suggested to me, "You know, Brock, you ought to learn to fly, get yourself an airplane so that it isn't twenty-six days to the nearest doctor." We used to drive these herds of wild longhorns, two thousand at a time through a narrow trail not much wider than this aisle, hundreds and hundreds of miles down to the coastal belt; they said, "Hey, get yourself an airplane, learn to fly!" Because you see, this cattle area where we were running fifty thousand head of wild longhorns was like 3,500 square miles. It took us two days on horseback on a good horse to ride from one end of the ranch to the other. So this sounded like a good idea. Get yourself an airplane, we can maybe barter a few dozen head of cattle when we get them down to Georgetown and get ourselves an airplane. So somebody said, make yourself an airstrip, seven hundred feet long or so, remove the obvious obstructions, and so we set about making an airstrip and it was almost finished. So I got on my horse for the first nine days. After that, when you get to the edge of the savannah, there is nothing for the horse to eat, you see, so you leave your horse there and hope it is there when you get back. So then you go on foot for another three weeks until you get to the coastal belt.

And there I started taking flying lessons; I took two weeks of flying lessons and a somewhat misguided British official gave me a license. This was a fabric-covered airplane. I put a drum of fuel in the back of the aircraft and I took off for the Rupununi. I followed the Essequibo River for about 150 miles and got to where the Rupununi River emptied into the Essequibo. I had been down there in a canoe so was fairly familiar with what it looked like, at least on the ground, and I took a right turn, followed the river up to where the savannahs were. I got down low where it all looked pretty much like it did on horseback, only things were going by much quicker. Eventually I got to the place where we had made the airstrip. I circled the airstrip. There I could see the Wapishanas down there all waiting, and I came in for a landing. It was not one of my best. But you know, when you only have thirty hours experience as a pilot, there is this extraordinary feeling of relief when you get that thing on the ground. But I was running out of airstrip and I came too heavily on the brakes and the aircraft somersaulted over on its back in a pile of wreckage. The Wapishanas came running over and they were all full of smiles, as I crawled out of the wreckage, because they thought this was the

normal way of landing. Well, we turned the airplane back over, remember, it was just covered in fabric. We spent a week or two straightening it out, took the propeller off and hammered it straight on a rock. I flew it back to Georgetown for a major repair and of course we lengthened the airstrip.

The airplane made such a difference for that whole operation. Because now I could fly to Georgetown in about four hours and put basic medical supplies on board the aircraft, or, if somebody was injured during one of our round-ups with these wild, ferocious cattle that we had to deal with, we could put them in the airplane and take them somewhere where they could get help. But I was constantly campaigning with British government officials to get some real doctors to the Rupununi for the Indian tribal people. The person that I was dealing with was a Major C.J. Bettencourt-Gomes, retired, and then I got a radio and I was able to sort of call him periodically on the radio and say, "Major Bettencourt-Gomes, we are still hoping to get some doctors and dentists up here to help these people." This went on for a year or two and then finally I got a call from his aide-to-camp who said, "Major Bettencourt-Gomes and the Minister of Health from Whitehall, that's in London, are going to pay you a visit next Saturday and they are going to be arriving about four o'clock to look into this business of no health care for the Wapishanas and the other Indian tribes up there. Make sure that the airfield is okay, and by the way, have the tea ready." I said, "Please bring the tea—we can provide the water." So, four o'clock or so on the next Saturday afternoon, here comes the government in their little aircraft; it lands. Major Bettencourt-Gomes is on board with the Minister of Health from Whitehall, Sir Archibald Fenton Sedgewick. Very smartly dressed in the British Army bush jacket and leather boots all the way up to here that had something to do with snakes, and of course, we were all barefoot cowboys. He was a pipe-smoker, and he had two pipes and seemed to have a problem with which one he was going to smoke. And so, after the introductions, we had tea. They had brought the tea and we had provided the boiling water, and after tea Saturday afternoon, Major Bettencourt-Gomes said, "Now Brock, isn't there a Roman Catholic missionary priest here in these parts?" And I said, "Well yes Sir, as a matter of fact, Father McKenna." Father McKenna was a Jesuit priest and I saw him maybe once a year. He walked on his bare feet between the Indian villages, fifty, sixty, seventy, eighty miles apart, a very dedicated gentleman. Major Bettencourt-Gomes said, "Well, send out a couple of runners and see if you can round up Father McKenna so that we can have a church service here tomorrow morning at ten o'clock for Sir Archibald." So I said, "Well,

Major, I will send out some runners to round up Father McKenna, but what will we do, Sir, if we can't round up Father McKenna and we can't have a church service?" and Major Bettencourt-Gomes said, "Well, we will have gin and tonics." Well, we couldn't find Father McKenna and so they had gin and tonics. Then Major Bettencourt-Gomes said, "Now I want you to take Sir Archibald out to the nearest Indian village to look into this health care business, so get one of your best horses for Sir Archibald." I said, "I don't think that it is a good idea, Major. You know, our horses are not very well-behaved (I had Kang in mind actually), and I think it would be much better if we went in the Jesus Christ Cart." Let me explain: The Jesus Christ Cart was our general mode of transportation except for horses. In other words, when we needed to move an expectant mother or somebody some distance, it was the exact replica of the wagon that Jesus had used on the interstate at Nazareth. What we did, what we would do was cut down one of those giant rainforest trees, and then we would cut a segment out for one wheel and then another segment for another wheel. Then we would burn a hole in the middle of the wooden wheel, fashion an axle, and then we would run some timbers across it and then we would hook it up to usually six oxen bullocks that we had trained to the yoke. This was our transportation. To digress a little bit, it was very, very good; you see by that time, people had the idea, the Wapishanas and so forth, had the idea that I had some medical training, which of course I had absolutely none. But since I was the person who flew in the medical supplies periodically and when somebody was sick, I would sort of open up a box of something and read the paper on it, you know, contraindications and all of that stuff, then I would start doling out the medicine and hope for the best ... but very often, actually not so often as they were very good at doing it from home, but now and then I would get a call from one of the villages from Mrs. So-and-So who was having difficulty delivering the little one and I would always send the Jesus Christ Cart for that instead of getting on my horse and going there as sort of a house call physician. They would then place Mrs. So-and-So on the Jesus Christ Cart and then they would deliver her across the savannah to my place. See, there were no roads, and so this gentle sort of motion across the savannah in the back of the cart, there would invariably be an additional passenger on board in the cart by the time they got to where I was and I didn't have to deal with the problem.

Anyway, so this was my proposal to Sir Archibald: "We are going to go in the Jesus Christ Cart." And Major Bettencourt-Gomes said, "Hell no, you will not, you are going to get your best horse for Sir Archibald, an Indian

Army officer, very experienced in the Seventh Hussars Cavalry, you know.” So I said, “Well, okay.” So we brought up our best horse, Rosie. Now Rosie was a male horse but we had done something to Rosie earlier on. Anyway, we had Rosie all saddled up and I am holding the front end of Rosie and Sir Archibald comes alongside, and in true cavalry style prepares to mount and starts to apply pressure in the stirrup. Rosie’s ears go forward and Rosie starts to back up. I am holding on to the front end and you see, the problems with the horses down there, they were not used to this cavalry style of mounting. They were used to the cowboys coming up to the horse on whatever side it happened to be standing. It wasn’t until I got to this country that I found out that you are supposed to get on a horse from a particular side, and I really have already forgotten what side that is. Because we would go up to the horse and whatever side it was facing, we would jump on and we were off. No sort of performance was involved. So Rosie was very apprehensive about this business of preparing to mount. And so, he starts to back up and Sir Archibald decides he better go for it and swings one leg over the back and it gets hung up on the back of Rosie, and Rosie rears up on his hind legs and falls over backwards on Sir Archibald. And Major Bettencourt-Gomes shouts out, “Oh Brock, what have you done?” and I shout, “Kademen sutana parangaray kawar awaranik!” to the Wapishana cowboys, which in English means “Get the white man out from underneath the horse.” So, we pull out Sir Archibald and get him on his feet, dust him off and of course one of the first things he is doing is looking for his pipes, and we find his pipes and give them back to him, and he says to me: “Brock, I would like to try that again but do you have another horse without reverse gear?”

Unfortunately, that was the end of trying to bring healthcare to the Wapishana. More years went by and more people unfortunately dying of things like measles, whooping cough, and influenza, diseases that we have introduced to all of these people, as far back as 1492, right? Places like Haiti, thousands and thousands of people dying from introduced diseases. Well, after another year or two and still nothing going on in the healthcare line there at British Guyana, the country is approaching independence. When I went back there a few years later, one of the Wapishana people said to me, “When is this independence thing going to be over?” I said, “Well, I think this is the way it’s going to be but improvements will come. Just give this a while. Things will be better in the long run.” But then I had the opportunity to come to this country, never been here before. What a cultural shock that was! I parked this little airplane in Georgetown airport, got on Pan American with a ticket

that someone had sent me, flew to New York and changed airplanes and flew to Chicago, all in one day. Wow! In fact, a few weeks after I had arrived in Chicago, this enormous cultural shock, I donated fifty cents to the Black Panthers, because I thought it was to preserve an endangered species. But then, I had an opportunity to travel all around the United States and indeed to many other countries of the world. And, by golly, there were Wapishanas everywhere, people that had no health care, no access to health care—right here in the United States was no exception. And so I thought, WOW—this idea that came to me while I was lying underneath Kang, all smashed up, back in 1950 or whenever it was—it is a problem here too. Then, I got a call from a little place called Hancock County, Tennessee. “Hey, can you bring some doctors up here? The hospital just closed, and the only dentist is out of town.” Which is probably a good time for me to introduce Dr. John Osborne, wonderful dentist, goes to all of our clinics, flies our airplanes and breaks them sometimes. Broke one yesterday—we had to change airplanes. And so, we go to Hancock County, we load a couple of heavy dental chairs in the back of a pickup truck. When we get to Hancock County, there is a long line of a hundred and something patients there, Americans, needing dental care. So we fixed them up. And then a week or two later, the next county over, and then after that, the next county over, and the next ... and pretty soon, although yes, we were in Mexico, and yes, we are in British Guyana, Honduras, and Guatemala, and some of these other places, but now 64 percent of everything we do is here in the United States. And the greatest impediment to what we do here in the United States is that for some extraordinary reason that I have never been able to understand, a dentist like John Osborne up there or a physician, or a nurse, or a vet, because we have got a big vet program, we do animals as well as patients, in fact, a patient will come into a RAM clinic, holding a cat and a dog on a string, and they say, “I want my teeth fixed, and by the way, can you do the cat and the dog at the same time?” So, we will hold a joint event with a vet clinic and a people clinic going on at the same time. But, for some extraordinary reason, doctors are not allowed to cross state lines. So they have been to medical school, they have been to dental school, and now they want to volunteer in Arkansas or Alabama or California and they are not allowed to do that. And yet, they have had the same training! This is extraordinary.

In 1995, Tennessee changed the law because of what we do there, and it is the Volunteer Healthcare Services Act, and now most of the practitioners that come to clinics that we hold in Tennessee are from somewhere else and

we got a waiver this last weekend to hold a big event down in New Orleans and Plackerman's Parrish, for the oil spill episode and for the aftermath of Katrina; we have been there several times since Katrina ... and they had to give us a waiver, a special waiver, so that doctors could cross state lines. Doctors came from California, and they came from New York, they came from Michigan, and so did the nurses, and we saw a couple thousand people down there just a day or so ago. And yes, we had people from LSU, people from Louisiana, all working together. But, you see, when you have got a line of two thousand people standing outside waiting for treatment, you better have a lot of volunteers. We do an event up in Wise County, Virginia, every year and those people absolutely depend on us being there; we are their sole source of health care that they can afford. It is a question of affordability more than access in a lot of these cases. Why are these people coming? They are coming because their teeth are rotting in their head, they are filled with pain, they can't function properly, and they can't look after their family properly, or they can't see, simply because they need a pair of glasses. I remember many years ago in Kentucky, we were holding an eye clinic there and providing people with glasses, and this gentleman, he was maybe fifty-eight years of age, I had him in front of an eye chart, and he looked at the eye chart like this, and he couldn't read the *E* on the top and I said, "It looks like you need a pair of glasses—how did you get here?" The gentleman said, "I drove my truck." I said, "Well, that's interesting, how did you manage that?" He said, "My wife sits next to me and follows that yellow line and says 'a little bit to the left or a little bit to the right.'" And you know he turned out to be a -200 or something, spherical power, no astigmatism, no complication, and we stuck the -200 pair of glasses on his face, and WOW—20/20! He was able to drive that truck and probably has got a bigger truck now.

So, the big problem then, really, and is it in the new legislation, I don't know, I haven't read the two thousand-odd pages, but I am not hearing anything about people with dental problems and people with vision problems. We made 305 brand new pairs of eyeglasses last Sunday in New Orleans and people came in there, we gave them a full eye test just like you would get if you were in an ophthalmologist's office, and we had ophthalmologists with us as well as optometrists, and we had thousands of beautiful fashionable frames—the patient picked out the frames they wanted, they looked in the mirror and said, "Wow!" Then we ran them through our mobile eyeglass lab, which is seventy foot long, that we had hauled all the way down from Tennessee, and made them the eyeglasses right on the spot, 305 pairs. So you

are seeing people putting on their eyeglasses for the first time; they think it's great. It is great!

But you know what? Even though we might have a thousand people coming in the door, they all want the dentist, they all want the eye doctor, but they all really need the medical doctor as well, because they have all kinds of problems. It doesn't matter where it is in New Orleans or Los Angeles, where we did 7,081 people this last April, or in Appalachia—they are all the same, all over the country and here in the United States. They can't afford the dentist. They can't afford the eye doctor. They can go to the emergency room when they don't feel well or they break their arm, but they have all got these other problems. We diagnosed thousands of people who didn't know they had diabetes and one of our physicians, Dr. Isaacs, this last weekend came to me after the clinic and said, "You know what? I saw a few hundred patients this weekend and the average blood pressure, the AVERAGE blood pressure was 200/100-something." These people were walking around as time bombs, not expecting trouble, but ready to have a stroke, right? And they didn't know they had high blood pressure.

What is the solution to this? Who knows? But I don't think we are going to work ourselves out of a job anytime soon. We need to be in places like Haiti, and we are in Haiti, and we are starting a youth program in Haiti, called RAM Rangers, sixteen- to nineteen-year-olds. We just finished building an air strip there in a remote part of Haiti. Get these Haitian kids working for their own community, teach them how to do this, teach them how to do that. We want to start that program early in the new year. We are going to parachute in a team three days after Thanksgiving to lengthen the little air strip that we just made on August 4, so we can land a bigger airplane there with medical supplies and equipment.

I want to work ourselves out of a job here in this country, so that we can concentrate on working in places like Haiti and on the African continent and of course in that place where I grew up, where I am happy to say we keep an airplane down there, we have people down there 365 days a year. The cervical cancer rate there is ten times higher than it is here in the United States. Everybody has got the HPV virus and it ain't the strain we have got here, and even if we did have access to that vaccine, it is the wrong vaccine for the wrong type of bug.

So, thanks for having me here today; I am deeply touched by the honor that you people have so kindly bestowed on me and anybody who would like

to volunteer with Remote Area Medical in any capacity, my phone number is 865.579.1530 at Headquarters and I answer the phone and I am glad to talk to you. Thank you very much indeed.

And thank you to the Inamori Foundation people who came all the way from Kyoto that made this possible.